

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF WASHINGTON

In re:

James M. Eisele)
Debtor(s))

Case No. 98-04622

**PETITION TO CLAIM
UNCLAIMED FUNDS**

I, the undersigned petitioner, under penalty of perjury under the laws of the United States of America declare (or certify, verify or state) that the following statements and information are true and correct:

1. I am petitioning to receive the total amount of \$ 2,369.54 which is the sum of all monies deposited with the court by the case trustee on the following date(s) September 7, 2006 on behalf of the petitioner Phillips & Cohen Associates Ltd.

2. Please check and complete the applicable subparagraph below:

A. I am the petitioner named in paragraph #1.

B. I am an employee of the petitioner named in paragraph #1 and my title is _____. The petitioner is still legally entitled to the monies and I am authorized by the petitioner to file this petition.

C. I am the lawful attorney-in-fact or the petitioner named in paragraph #1 and I am duly authorized by the attached original power of attorney to file this petition. I am aware of all pertinent state law requirements regarding such powers of attorney. The following is the petitioner's address and phone number, and a brief history of the petitioner (from filing of the claim to present), which includes, if applicable, identification of any sale of the company and the new and prior owners(s): _____

D. Subparagraphs A and B above do not apply, but I am entitled to payment of such monies because (state basis for your claim): _____

3. I understand that, pursuant to 18 U.S.C. 152, I may be fined not more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document.

4. On July 8, 2008, a copy of this fully completed document was mailed to the U.S. Attorney, P O Box 1494, Spokane, Washington 99210-1494, pursuant to 28 U.S.C. 2042.

FINANCIAL DEPT.

Receipt # Date

	
7/8/08	
Petitioner's Signature	Date
Peter R. Butler, attorney-in-fact	
Petitioner's Name (Type or Print)	
Asset Recovery Associates	
2521 Cold Creek Trl., S. Lake Tahoe, CA 96150	
Petitioner's Address	

LIMITED POWER OF ATTORNEY**LIMITED TO ONE TRANSACTION ONLY**I/we, the undersigned, affirm my/our authority to sign this document on behalf of **Phillips & Cohen Associates, Ltd.**

Under this authority, in order to receive certain funds owed according to public records, and acknowledging that these funds, whether held as excess proceeds from sale of assets or as outstanding, or over-aged warrants, dividends, stale-dated checks, or bankruptcy proceeds, that are collectible by **Phillips & Cohen Associates, Ltd.** as owner or payee directly thereof, **DOES HEREBY APPOINT**

Asset Recovery Associates / Peter R. Butler, 2521 Cold Creek Trail, South Lake Tahoe, CA 96150

as my/our Agent and true and lawful Attorney-in-Fact, to act in my/our name and place, and for my/our benefit and on my/our behalf with limited authority and power to do the following:

A: Seek recovery of the uncashed, stale-dated, unclaimed or undelivered funds held by the United States Bankruptcy Court, Eastern District of Washington, in the amount of **\$2,369.54**. The funds are related to Case #98-04622, Debtor: James M. Eisele, Creditor: Phillips & Cohen Associates, Ltd.

B: Secure, by all means convenient and lawful, the re-issuance and/or possession of the funds described above. To accomplish this limited purpose, I/we give **Asset Recovery Associates / Peter R. Butler** the authority to sign, execute, acknowledge, and deliver the required claim affidavits, petitions, and any other documents reasonably requested, and subsequently to obtain any and all documentation regarding the disposition of the warrant after it is delivered. In no case shall this Attorney-in-Fact or their appointees incur any financial obligation or expense on my/our behalf.

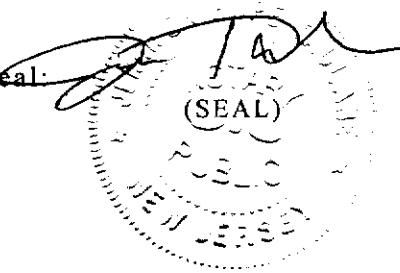
This Limited Power of Attorney expires and becomes void, without exception, 365 days from the date hereof or upon collection of the aforementioned claim(s), whichever is earlier.

Date: JUNE 16, 2008Printed Name: MATTHEW PHILLIPSSignature: Matthew PhillipsTitle: CO-CHAIRMAN / CEOCompany: PHILLIPS & COHEN ASSOCIATE, Ltd.Address: 695 PAN COCAS RD, WESTHAMPTON, NJ 08060Phone No. 800-558-9533Tax ID No. 223527410STATE OF: NJCOUNTY OF: BURLINGTON

On JUNE 16, 2008, before me, JENNIFER TAULANE the undersigned Notary Public,
 (DATE) (NOTARY PUBLIC)
 personally appeared MATTHEW PHILLIPS (NAME), the individual herein named, personally known to me (or

proved to me on the basis of sufficient evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal:



JENNIFER HOPE TAULANE
 NOTARY PUBLIC
 My commission expires:
 STATE OF NEW JERSEY
 COMM. ID 2304829
 MY COMMISSION EXPIRES SEPTEMBER 2, 2008



RESTACTIONS:

ENDORSEMENTS:

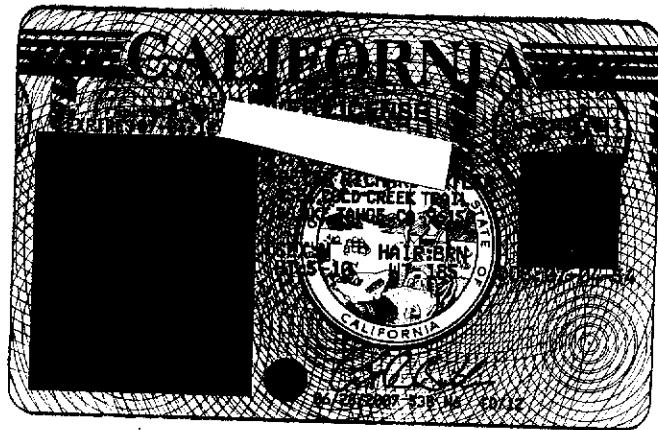
CLASS: E - Any non-commercial vehicle with a GVWR less than 26,000 lbs.

REPLACEMENT LICENSE REQUIRED WITHIN 15 DAYS OF ADDRESS OR NAME CHANGE
The State of Florida requires all drivers to renew their license every 5 years.

Fred O. Dickinson, *Fred Dickinson*
Executive Director, DODAV
Sandra C. Lambert, *Sandra C. Lambert*
Director of Other Licenses
DODAV

www.farmers.com

910022131208100





The
**Creditor's
 Rights &
 Bankruptcy
 Group**

A Division of Phillips & Cohen Associates, Ltd.

...Recovering the Possibilities

June 16, 2008

Asset Recovery Associates
 2521 Cold Creek Trail
 South Lake Tahoe, CA 96150

Peter,

The reasons that the unclaimed funds were not received or cashed by us is because the address that you referenced in your letter, 590 S. Lenola Road #3, Maple Shade, NJ 08052, is an office that we used to occupy about 10 years ago. We moved from that location to our present location in Westampton, NJ in 1998. Our mail forwarding must have run out by the time that the check was sent there. If you have any questions please contact me at 800-558-9533.

Sincerely,

Matthew Phillips
 Co-Chairman/CEO



CORPORATE HEADQUARTERS

695 Rancocas Road, Westampton, New Jersey 08060

PHONE (888) 608-1766 FAX (888) 999-9373 WEBSITE www.Phillips-Cohen.com EMAIL Philco@Phillips-Cohen.com

BRANCH OFFICES

Newark, Delaware • Lauderdale Lakes, Florida



UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF WASHINGTON

In re:) Case No: 98-04622
James M. Eisele)
)
)
Debtor(s))
)

NOTICE OF SERVICE

Notice is hereby given to the court that on July 8, 2008 a copy of this application, claiming funds on behalf of creditor Phillips & Cohen Associates, Ltd., was mailed to the U.S. Attorney for the Eastern District of Washington, 920 W. Riverside Ave., Ste. 340, Spokane, WA 99201.



Peter R. Butler
Petitioner's Signature

Peter R. Butler, attorney-in-fact
Type or Print Name

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**
FILED
**Jan 24, 2008 8:00 am
Secretary of State**

01-24-2008 90025 006 ***150.00

DOCUMENT # F010000035121. Entity Name
PHILLIPS & COHEN ASSOCIATES, LTD., CORP.

Principal Place of Business 695 RANOCAS ROAD WESTHAMPTON, NJ 08060	Mailing Address 695 RANOCAS ROAD WESTHAMPTON, NJ 08060
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01162008 Chg-P CR2E034 (12/06)

4. FEI Number 22-3527610	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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OFFENBERG, LAYN 300 NW 82ND AVE 500 PLANTATION, FL 33324	Name
---	------

Street Address (P.O. Box Number is Not Acceptable)
--

City

FL	Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW! **Fee is \$150.00**
After May 1, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution.
 **\$5.00 May Be
Added to Fees**
10. OFFICERS AND DIRECTORS**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRTD PHILLIPS, MATTHEW M 695 RANOCAS ROAD WESTHAMPTON, NJ 08060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVSD COHEN, ADAM S 695 RANOCAS ROAD WESTHAMPTON, NJ 08060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENDERS, HOWARD A 695 RANOCAS ROAD WESTHAMPTON, NJ 08060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, RONALD J 358 CHAPMAN RD NEWARK, DE 19702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard Enders **Date:** 1/23/08 **Daytime Phone #:** 302 355-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Electronic Articles of Incorporation
For**

P06000041956
FILED
March 23, 2006
Sec. Of State
dwhite

PHILLIPS & COHEN ASSOCIATES INTERNATIONAL, CORP.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

PHILLIPS & COHEN ASSOCIATES INTERNATIONAL, CORP.

Article II

The principal place of business address:

300 NW 82ND AVENUE
SUITE 700
PLANTATION, FL. 33324

The mailing address of the corporation is:

695 RANCOCAS RD
WESTAMPTON, NJ. 08060

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

The name and Florida street address of the registered agent is:

LAYN OFFENBERGER
300 NW 82ND AVENUE
SUITE 700
PLANTATION, FL. 33324

I certify that I am familiar with and accept the responsibilities of registered agent.

P06000041956
FILED
March 23, 2006
Sec. Of State
dwhite

Registered Agent Signature: LAYN OFFENBERGER

Article VI

The name and address of the incorporator is:

HOWARD A ENDERS
695 RANCOCAS RD

WESTAMPTON, NJ 08060

Incorporator Signature: HOWARD A ENDERS

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
ADAM S COHEN
695 RANCOCAS RD
WESTAMPTON, NJ. 08060

Title: VP
MATTHEW M PHILLIPS
300 NW 82ND AVENUE, SUITE 700
PLANTATION, FL. 33324

Title: S
HOWARD A ENDERS
258 CHAPMAN RD, SUITE 205
NEWARK, DE. 19702

Article VIII

The effective date for this corporation shall be:

03/23/2006